

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/680690
APPLICANT(S)
FILING DATE
10-6-80

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	/					
3	/					
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46						
47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	24					
TOTAL CLAIMS	31					

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS